



MISSOURI VETERANS COMMISSION
MISSOURI VETERANS HOME
VOLUNTEER APPLICATION

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|---|--------------------------------------|
| <input type="checkbox"/> CAMERON | <input type="checkbox"/> ST. JAMES |
| <input type="checkbox"/> CAPE GIRARDEAU | <input type="checkbox"/> ST. LOUIS |
| <input type="checkbox"/> MEXICO | <input type="checkbox"/> WARRENSBURG |
| <input type="checkbox"/> MT. VERNON | |

GENERAL INFORMATION

NAME	SOCIAL SECURITY NUMBER	TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
TYPE OF VOLUNTEER <input type="checkbox"/> Adult <input type="checkbox"/> Junior <input type="checkbox"/> Group <input type="checkbox"/> Other _____			DATE OF BIRTH

HAVE YOU HAD ANY CRIMINAL CONVICTIONS OTHER THAN PARKING?

☐ YES ☐ NO If yes, explain.

LIST HOBBIES, INTERESTS, MUSICAL TALENTS

DAYS AND TIMES AVAILABLE TO VOLUNTEER

TYPE OF VOLUNTEER WORK INTERESTED IN (CHECK AREAS YOU WOULD PREFER)**ADMINISTRATIVE**

- ☐ Clerical
- ☐ Storekeeping
- ☐ Computers
- ☐ Canteen/Gift Shop
- ☐ Evening receptionist
- ☐ Weekend receptionist

ACTIVITIES

- ☐ Arts and Crafts
- ☐ Ceramics
- ☐ Woodworking
- ☐ Cart
- ☐ Other
- ☐ Companionship/one on one
- ☐ Field trips
- ☐ Special events/parties

- ☐ Shopping
- ☐ Bingo
- ☐ Cards/Games
- ☐ Reading
- ☐ Letter writing
- ☐ Music therapy
- ☐ Passing Mail

SPIRITUAL

- ☐ Book cart
- ☐ Flowers/gardening
- ☐ Decorating for holidays
- ☐ Un-decorating for holidays

FOOD SERVICE

- ☐ Cutting up vegetables
- ☐ Putting stock away
- ☐ Cleaning up dining room

PHYSICAL THERAPY**LAUNDRY**

- ☐ Folding laundry

NURSING

- ☐ Ice/water
- ☐ Stock supplies
- ☐ Hall monitor

DRIVING

- Drivers License No. _____
- Exp. Date _____ (Need a copy for file)
- ☐ CDL
 - ☐ Chauffeur
 - ☐ Standard

IN CASE OF EMERGENCY, NOTIFY:

NAME	RELATIONSHIP	TELEPHONE NUMBER
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Background checks may be performed including personal references and use of the Missouri Department of Health and Senior Services – Employee Disqualification List (E.D.L.). The E.D.L. is a listing of individuals who have been banned by the State of Missouri from working in a long term healthcare setting. The Missouri Veterans Commission uses this list for reference in volunteer selection. Relevance to assignment will be considered. Submission of this form to the Missouri Veterans Home Office of Volunteer Services indicates that; I understand that I am not an employee of the Missouri Veterans Home and that any duties I perform will be as a volunteer. I agree to abide by the Policies and Procedures set forth by the Missouri Veterans Home for my assigned duties. I also agree to update this form as needed. I agree to uphold Residents Rights and Confidentiality Policies of the Missouri Veterans Home. (If I am an employee of the Missouri Veterans Home I acknowledge and understand that I may only perform Volunteer activities, which are not the same as my duties as an employee.)

SIGNATURE	DATE
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